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PATIENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

1

Quinn H. Lipin

) Group Art Unit: 3622

Serial No.: 09/779,538

Examiner: Gravini, Stephen M.

Filed: February 9, 2001

Confirmation No.: 5759

For: GENERATING REVENUE THROUGH
USE OF AN INTERACTIVE COMPUTER
SYSTEM

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CERTIFICATE OF MAILING BY FIRST CLASS MAIL

37 C.F.R. 1.8

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

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1. Transmittal Form PTO/SB/21
2. Fee Transmittal Form PTO/SB/17, and payment by check
3. Petition for Revival of an Unintentionally Abandoned Patent Application
4. Amendment and Request for Reconsideration under 37 CFR1.111
5. Postal card receipt.

Quinn H. Lipin
Applicant

November 16, 2005
Date of Deposit

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PTO/SB/21 (09-04)
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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 12

Application Number	<u>09/779,538</u>
Filing Date	<u>02/09/2001</u>
First Named Inventor	<u>Quinn H. Lipin</u>
Art Unit	<u>3622</u>
Examiner Name	<u>Gravini, Stephen Michael</u>
Attorney Docket Number	

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition to Revive <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	<u>Quinn H. Lipin</u>		
Date	<u>November 16, 2005</u>	Reg. No.	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	<u>Quinn H. Lipin</u>	Date	<u>NOV. 16, 2005</u>

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 130.00)

Complete If Known

Application Number	09/779,538
Filing Date	02/09/2001
First Named Inventor	Quinn H. Lipin
Examiner Name	Gravini, Stephen M.
Art Unit	3622
Attorney Docket No.	

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissuc	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

Fee (\$)

Fee (\$)

Fee (\$)

200 100

Multiple dependent claims

Fee (\$)

Fee (\$)

Fee (\$)

360 180

Total Claims Extra Claims Fee (\$)

12 - 20 or HP = 2 x 25 = 50

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

2 - 3 or HP = 0 x 0 = 0

HP = highest number of independent claims paid for, if greater than 3.

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension for response (3rd month), *Postponed to Nov 16, 2005* Unintentional/late

Fee Paid (\$)

750.00

570.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature	<i>[Signature]</i>		
Name (Print/Type)	Quinn H. Lipin		Date Nov. 16, 2005

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